# **Municipal Clerk Contact Information Here**

### 2015—REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS

	EMBERSHIP ORGANIZATION OR	CORPORATION							
	Name								
		(full name of member organization of	or corporation)						
	Mailing address								
City, state, zip code			_Telephone						
IN	ISTRUCTIONS:								
ex tic id m	holders expressly advocating the election or defeat of a clearly identified candidate shall report any expenses related to such communications aggregating in excess of \$50 in any one candidate's election race. These expenses are not "independent expenditures". "Expressly advocate" and "clearly identified" are defined in Chapter 1, Section 8(2) of the Commission's Rules (available on the Commission website). Reports may be faxed to the municipal clerk's office, provided that the original is received within 5 days after the fax.								
	Filling Schedule for Re	ports of Membership Organization and	a Corporate Communication						
	Report Name	Due Date	Reporting Period						
	11-Day Pre-General	October 23, 2015	Start of Campaign—October 20, 2015						
	42-Day Post-General	December 15, 2015	October 21, 2015—December 8, 2015						
	If this is an amendment to a filed report, check this box and indicate which report is being amended.								
	If this is an amendment to a f	led report, check this box and indicate w	hich report is being amended.						

Duplicate as needed 10/2015

### Schedule B-1

Office sought by candidate (including district #)	Candidate's name	Indicate whether the expense was made in support of or in opposition to the candidate	Amount expended this reporting period for each candidate

Duplicate as needed 10/2015

## CANDIDATE(S) SUPPORTED/OPPOSED

- Please list all candidates that were the subject of the communication.
- If more than one candidate was the subject of the expense, allocate the expense among the candidates.

#### Schedule B-2

Expense Type								
PHO POL	Polling and research survey	RAD TVN WEB	Print media ads only (newspaper, magazine) Radio ads, production costs TV or cable ads, production costs Website design, registration, hosting, maintenance Other (include description)					

Date of payment or obligation	Payee, address, zip code	Expense type	<b>V</b>	Amount	
	A. Expenses for this page ⇒				
	B. Total for all other Schedule B-2 pages (if any) ⇒				
This am	C. Total expenses for this reporting period (A+B).  This amount should equal the total amount for all candidates listed on Schedule B-1. ⇒				
Duplicate as ne	10/2015				